

NAVAL HOSPITAL CAMP LEJEUNE “We Build Strength Through Caring”

SCUTTLEBUTT

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MAY 2012

Top Brass Visits Hospital

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The U.S. Navy Surgeon General and Chief of the Navy's Bureau of Medicine and Surgery Vice Adm. Matthew L. Nathan, speaks to Naval Hospital Camp Lejeune Sailors on March 30 during an All Hands Admiral's Call at the NHCL galley. Nathan visited the Lejeune area to learn more about the wounded, ill and injured programs and services offered by Naval Hospital Camp Lejeune.

U.S. Navy photo by Hospitalman Lauren Robshaw

Farewell NHCL Staff and Friends



Capt. Daniel J. Zinder
Commander
Naval Hospital Camp Lejeune

expectation for excellence to this command. Thank you for your service, your diligence, and for the hard work scrounging every

June 8th will be my last day as your commanding officer!

Two years have passed like the blink of an eye. Yet, I will forever be awed and amazed when I look back on what we have accomplished. There is no way to recap all the events and achievements in this short space, but I can tell you we have the best staff a CO could ever wish to have. The members of this command, and the surrounding military and civilian communities, bring an incredible level of dedication, expertise, and

ounce of value out of every penny we spend while we care for our patients and develop our people.

When I first arrived two summers ago, I put out my command philosophy of “Providing Quality Care, Leading our People, and Managing the Business,” and I believe we have upheld the ideals of that philosophy throughout my tenure. I have seen you embrace this philosophy and take the command to new heights. And it has been a pleasure to see. The collective brain trust, creativity, and “can-do” spirit embodied in our staff is inspiring. I can't imagine what all those other COs must think when they know I have the best staff in Navy Medicine!

There are many things I will miss after leaving Naval Hospital Camp Lejeune. The physical beauty of the area, the welcoming community surrounding us, the pleasure of caring for Marines, Sailors, and their families, and of course, the opportunity to brag about all the good things happening at our command, to name a few. But the thing I will miss most is the same thing I am most grateful for as your CO - each of you! Our staff rocks and I will miss all of you terribly.

Please keep caring for each other, keep developing and growing together, and keep producing good citizens for our nation. Our patients deserve no less. It has been my greatest pleasure and honor to have served with you as your commanding officer.

CO sends.

Chiefs Celebrate 119 Years



U.S. Navy photo by Hospitalman Lauren Robshaw

As Navy tradition upholds, Naval Hospital Camp Lejeune's oldest and youngest chiefs, Chief Hospital Corpsman Mary Weiss-Brandenburg, and Chief Petty Officer Christopher King, cut the birthday cake celebrating 119 years of commitment and service to the corps at a cake-cutting ceremony at the hospital galley April 2.

scut-tle-butt

n.

1. Slang for spoken communication; through the grapevine

2. Nautical

a. A drinking fountain on a ship; gathering place

b. A forum for NHCL staff and beneficiaries to get ‘insider info’

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Stress: What's In Your First Aid Toolkit?

Lt. Cmdr. Jean Fisak
Mental Health Department

Readers were introduced to the Navy and Marine Corps Combat and Operational Stress Control (COSC) doctrine and Caregiver Occupational Stress First Aid (COSFA) in January. Briefly, COSC doctrine introduces the Stress Continuum operationalizing relative degrees of stress ranging from Green (Ready) to Yellow (Reacting) to Orange (Injury) to Red (Illness). If used correctly, the Stress Continuum functions as a leadership tool designed to sensitize leaders to pay attention to early signs of stress. It also serves as a pre-clinical tool for the leader to aid a service member at risk for a stress related injury or illness. In addition, COSFA guides the leader to employ basic strategies to identify and mitigate immediate risk, and assist the service member with reestablishing social and occupational relations. Elements of COSC will steadily find their way into every aspect of our Navy lives. Terms like Stress Continuum, COSC, COSFA, and stress injury will be as ubiquitous to Navy culture as terms like gee dunk, bulkhead and scuttlebutt. The goal of this month's offering is to guide the reader in how to employ the Stress First Aid Model.

Generic scenario: Hospitalman Sensi had the reputation of being a very competent hospital corpsman. Since arriving to the command Sensi developed the reputation of being diligent in his duties but shy in presentation. His personality comes out better in small groups than large ones. Approximately 11 months into

his tour at the hospital, he received a deployment order to move forward with a local Marine regiment as a line corpsman. Sensi was scared and felt ill-prepared for this deployment. However, no one knew how he really felt. Once his peer group became aware of his deployment order, they began to chide him about deploying with Marines. As the deployment date came closer, the pressure from his peer group got greater, and his anxiety grew deeper. Days before the deployment, Sensi went UA (unauthorized absence). After missing ship's movement, he returned back to his command and was summarily charged, accepted non judicial punishment and was separated from the Navy.

How does COSC and COSFA apply in this situation? If changes in behavior such as preoccupation, lack of focus, anxiety, etc. were evident, a good leader who knows his or her people could have anticipated this. Where was the work center supervisor when Sensi's peer group was scaring him? While sometimes difficult to identify, signs of yellow and orange zone stress were evident. Perhaps attempts to link Sensi with his new greenside regimental chief petty officer before the deployment would have had impact on his ability to establish some competence in his new role. Perhaps such efforts would have given Sensi the confidence to go forward with his regiment.

While Sensi is ultimately responsible for his actions, we cannot over look the responsibility that the rest of the Navy team had on this most unfortunate outcome. Employing elements of COSC and COSFA had the potential to fundamentally change lives.

Perhaps, the life that is saved in the future may be yours.

Celebrating Nurses' Week 2012

By Lt. Cmdr. Timothy Drill
Camp Johnson Branch Medical Clinic

Nurses: Advocating, Leading, Caring, is this year's National Nurses' Week slogan recognizing this discipline and all its members. Beginning May 6, National Nurses Day, nurses around the world will commemorate a significant legacy of empathy, compassion, caring, and healing of the sick and injured. These basic foundations have evolved into health promotion, patient education, and intense community engagement. The week concludes May 12, fittingly, on the birthday of Florence Nightingale, the recognized founder of nursing as a contemporary profession.

The word, nursing, has a Latin origin, *nutrire*, or to nourish, referring to towns-women who breast-fed babies of others to ensure nutrition and survival. A woman, in the earliest of times, cared for her own family, the community, and eventually branched out of the home to other civilizations.

The welfare of humans is a shared concern for both men

and women. Though nursing is a predominately female profession in the contemporary sense, men were quite influential as care givers for the sick, injured, and unfortunate from 500 B.C. and onward. Male nursing orders with religious association were organized as early as the 12th Century. Walt Whitman a famous poet and writer, volunteered as a hospital nurse during the Civil War.

Nightingale, along with Clara Barton, founder of the American Red Cross, and various other pioneers are responsible for the professional development, progression, and promotion of nursing. Nurses represent a strong dedication, expertise, and holistic knowledge in support of health care. As a science and art form, nursing compliments several disciplines of medical care as the "glue" that holds it all together. There are over 4 million Licensed Practical and Registered Nurses in the United States who proudly serve in a variety of health care settings and specialties, including here at Naval Hospital Camp Lejeune.

Stay tuned to the command intranet, Facebook page and All Hands emails for more information about events held at NHCL throughout the week.

Top Brass Visit

Surgeon General; Assistant Secretary of Defense; Marine Corps

By Raymond Applewhite
Public Affairs Officer

Naval Hospital Camp Lejeune welcomed several distinguished guests to the hospital and Marine Corps Base Camp Lejeune March 30.

The Honorable Dr. Jonathan Woodson, Assistant Secretary of Defense for Health Affairs and Director, TRICARE Management

Activity and Rear Adm. Michael H. Anderson, Medical Officer of the U.S. Marine Corps joined Vice Adm. Matthew L. Nathan, surgeon general of the Navy and Chief of the Navy's Bureau of Medicine and Surgery for the visit.

NHCL's Commanding Officer, Capt. Daniel J. Zinder and fellow Naval Hospital leaders briefed Woodson, Anderson and



U.S. Navy photo by Hospitalman Matthew Heefner

Assistant Secretary of Defense for Health Affairs and Director, TRICARE Management Activity Dr. Jonathan Woodson (left); Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery Vice Adm. Matthew L. Nathan; and, Medical Officer of the U.S. Marine Corps Navy Rear Adm. Michael H. Anderson, discusses Navy Medicine care for the Navy and Marine Corps wounded, ill and injured with Naval Hospital Camp Lejeune's Commanding Officer Capt. Daniel J. Zinder (right) during a visit to the Naval Hospital on March 30.

sits Hospital

arine Corps Medical Officer

Nathan about several key hospital programs involving medical care for the wounded, ill and injured. The Naval Hospital's Welcome Back Medevac program, and model medical boards processing program, which has been adopted by other bases throughout DoD, were discussed in addition to a tour of the Mental Health facility and the recently renovated Marine and Sailor Concussion Recovery Center. The distinguished visitors also met with senior military base officials and toured the facilities of the Wounded Warrior Battalion East.

Nathan's visit to the Lejeune area was his first as surgeon general. Near the conclusion of his visit, Nathan addressed the hospital staff in an All Hands Admiral's Call. Nathan joined approximately 300 personnel for a traditional "Dining Out" before departing Lejeune.

"I enjoy coming to the Naval Hospitals, including Camp Lejeune because this is the bedrock of what we do in Navy Medicine. We exist to take care of the fleet and the war fighters as they prepare for the mission, during the mission and when they return," said Nathan. "You are not making headlines, you are the headlines."

During the tours, the Secretary held focus groups with patients and staff to gain a better understanding of how care is provided and any policy obstacles to providing that care.

"We are very pleased to have Dr. Woodson, Vice Adm. Nathan and Rear Adm. Anderson visit our hospital to spend time with our phenomenal staff and see the advances we have made in caring for the wounded, ill and injured," said Zinder. "The hospital staff is intensely grateful for the opportunity to serve these most deserving men and women, in addition to all of our other beneficiaries."

Nathan became the 37th U.S. Navy Surgeon General and succeeded Vice Adm. Adam M. Robinson, who retired from the Navy after 34 years of service in a ceremony held in Washington D.C., November 2011.

Prior to assuming the reigns, Nathan served as Commander, Walter Reed National Military Medical Center and Navy Medicine, National Capital Area where he was the Navy component commander to the largest medical integration and construction project in DOD history.

Vice Adm. Nathan is board certified and holds Fellow status in the American College of Physicians and the American College of Healthcare Executives.

"If anyone were to ask you what you do for a living, you tell them your job description is that you change lives by making America better," said Nathan.



U.S. Navy photo by Hospitalman Matthew Heefner

Naval Hospital Camp Lejeune Sailors of the Year 2011 speak with Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery Vice Adm. Matthew L. Nathan, on March 30 during a meet and greet luncheon at the NHCL galley. Nathan visited the Lejeune area to learn more about the wounded, ill and injured programs and services offered by Naval Hospital Camp Lejeune.



U.S. Navy photo by Hospitalman Matthew Heefner

Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery Vice Adm. Matthew L. Nathan, speaks to Marines and Sailors at the Operational Forces Admiral's Call on March 30 at the Second Marine Expeditionary Force (MEF) headquarters auditorium aboard Marine Corps Base Camp Lejeune. Nathan visited the Lejeune area to learn more about the wounded, ill and injured programs and services offered by Naval Hospital Camp Lejeune.

HOSPITAL ROUNDS

NHCL Presents

Mammogram Screening Event

Open to all TRICARE beneficiaries; women 40 years and older

May 14 — 18

8:00 a.m.—11:30 a.m.

1:00 p.m.—3:30 p.m.

Walk-in or call 450-3470 to schedule an appointment and for more information.

ATTENTION NHCL STAFF:

Join NHCL's Mental Health Department May 30 and participate in a mini alternative therapy session to learn about what we offer NHCL beneficiaries or how they may be able to help YOU! Staff will be providing iREST therapies, short massages, 15-minute mind games, art therapy, etc.

May 30

11:00 a.m.—1:15 p.m.

Classroom D and the Chapel

Call 450-4481 for more information.

Emergency Response Code Changes Effective May 1

ATTENTION STAFF: Ensure your SOPs, badge cards, Code Assignment sheets and walk-through procedures reflect the changes below. If you have any questions, contact Mark Starnes, emergency manager at 450-3797.

CODE WHITE	ACTIVE SHOOTER/ARMED INTRUDER – Code is activated when it is necessary to secure the facility against internal / external threats.
CODE PURPLE	OBSTETRIC EMERGENCY, activated when the “entire delivery team” is needed for emergent cesarean delivery or emergent postpartum care.
CODE BLUE ADULT/PEDIATRIC	ADULT CARDIAC OR RESPIRATORY ARREST – Code is activated to get equipment and specialized staff to location of an adult cardiopulmonary arrest.
CODE SILVER	CHILD/ADULT – LOST/ELOPED: Call Code, provide age and location. Initiate the same procedures as CODE PINK.
CODE RED	FIRE – Code is activated whenever there is a real or suspected fire.
CODE PINK	INFANT/CHILD ABDUCTION – Code is activated whenever someone is attempting to abduct an infant or child.
CODE BLACK	BOMB THREAT – Code is activated in the event of a bomb threat or discovery of a suspicious package.
CODE ORANGE	HAZMAT SPILL/RELEASE – Code is activated to handle a hazardous material spill or release within the facility or on its grounds.
CODE GRAY	INTERNAL OR EXTERNAL MASS CASUALTY EVENT – Code is activated whenever there is an internal or external mass casualty.
CODE GREEN	VIOLENCE OR SECURITY ALERT – Code to assist the staff to manage a combative person without a weapon.
CODE BROWN	SEVERE WEATHER ADVISORY – Code is activated when a National Weather Advisory announces the approach of severe weather.
CODE YELLOW	UTILITY FAILURE – Equipment, electric, gas/oxygen, plumbing, communication malfunction.

Help Your Shipmate; Help Yourself

Don't Be "That Guy" or "That Girl"

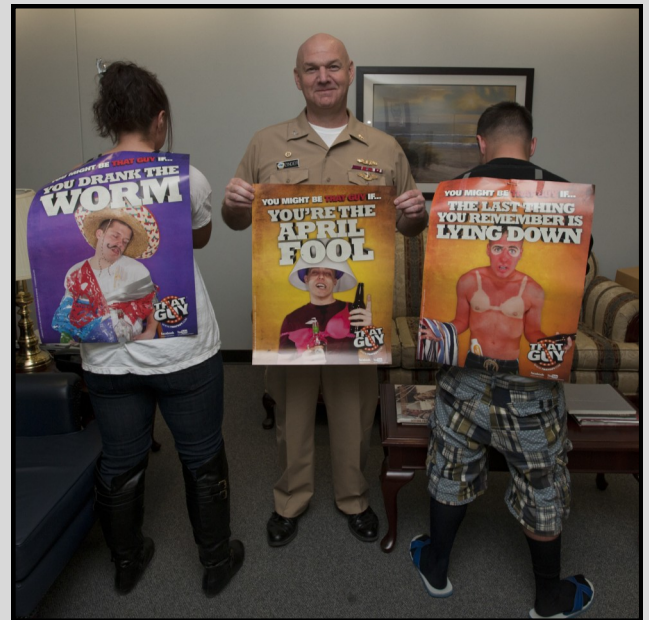
By Chief Hospital Corpsman Mary Weiss-Brandenburg
Nursing Services Directorate

Throughout Alcohol Awareness Month in April, Naval Hospital Camp Lejeune's commanding officer, leadership, representatives from Health Promotion and Wellness Department and Drug and Alcohol Program Advisors (DAPA) joined forces to raise awareness of the social and health problems that alcohol consumption can cause for individuals, families and others. Individuals portrayed "That Guy" and "That Girl," a DoD campaign launched in 2008 that uses humor to raise awareness of alcohol abuse, and told shipmates why not to be that guy or girl.

The Naval Hospital supports the Navy Alcohol and Drug Abuse Prevention's (NDAP) "Domino Strategy on How to Drink Responsibly" campaign. The campaign encourages Sailors to pay attention to the size, content, and amount of alcohol they consume each time they drink. The campaign promotes the **0-1-2** guidelines on how to drink responsibly.

Zero drinks for people who are under 21; operating any type of vehicle; pregnant; trying to become pregnant or breastfeeding; recovering alcoholics or chemically dependent; and, using certain medications. No more than one standard drink per day for women. No more than two standard drinks per day for men.

NHCL DAPAs urge Sailors to always begin with a plan to drink responsibly; be there for friends and ensure they don't drink and drive; plan to stay at a friend's house or a nearby hotel; and, get home safely by a designated driver or a cab.



U.S. Navy photo by Hospitalman Lauren Robshaw

In light of Alcohol Awareness Month, Naval Hospital Camp Lejeune's Commanding Officer Capt. Daniel Zinder poses for a picture with a team of NHCL staff raising awareness of the social and health problems that alcohol consumption can cause for individuals, families and others on April 5.

Spend Fifteen and Save Thousands

Helmet Safety; Bike Safety Month

By Lt. Cmdr. Timothy Drill
Camp Johnson Branch Medical Clinic

I am quite convinced my decision to wear a cycling helmet saved my life! A passing car, so close, its side mirror hit my shoulder and forced me to the median of mud. The blow my brain-bucket experienced when my head met asphalt was tremendous. The six-inch crack in my helmet is the best evidence for helmet safety. Sure, I had some nasty road rash and a torn jersey, but I limped away under my own power with my head in one piece. I am a cyclist, and a strong advocate for safety.

Choosing to wear that helmet protected me from a potentially catastrophic brain injury. The sports of bicycling, cycling, rollerblading, and skateboarding all have potential hazards and injury risks, in addition to the fun they facilitate. Helmets, arm guards, knee pads, and related safety gear provide additional protection from the scrapes, contusions, and breaks that result

from falls and crashes. Injuries are avoidable if the participant chooses to properly wear the suggested protective accessories.

Most research acknowledges how swimming, skiing, and riding in automobiles results in more severe head injuries than cycling accidents. But the fact that these activities do not require a helmet should not deter a person from wearing safety devices that can potentially reduce or prevent a tragic injury.

According to the Bicycle Helmet Safety Institute website, the following are just a few statistics that may influence your decision to "helmet up." Approximately 800 bicyclists die in the U.S. every year, with over 67,000 suffering severe brain trauma. Helmets are cheap, around \$15. Direct and indirect costs of cyclists' injuries who do not choose to wear a helmet are estimated at \$2.4 billion each year. Did I say \$15?

Prevention is the best remedy, the best practice, and the best instinct! If you ride in military housing, base orders states you must properly wear a helmet. I am fortunate to have always worn mine.

Enhancing Training for Duke University Students *A Partnership That Works*

By Raymond Applewhite
Public Affairs Officer



Courtesy photo

Mike Brown, a Duke University nursing student poses for a picture during his hands-on training opportunity with Naval Hospital Camp Lejeune anesthetists and anesthesiologists.

Nursing students from one of the top academic schools in the nation, Duke University at Chapel Hill, N.C., receive world class training from Navy Nurse anesthetists and anesthesiologists at Naval Hospital Camp Lejeune.

The Duke University Nurse Anesthesia program is a joint venture, which first began in June of 2010 after strategic planning meetings between Duke University and Naval Hospital officials. The program is designed to train students to become Certified Registered Nurse Anesthetists (CRNA's). Students rotating to NHCL are trained in epidural/spinal placement for labor and delivery and cesarean sections and regional anesthesia for orthopedic surgical procedures.

"This is an intense program, and we feel privileged to train and share our knowledge with the students from a world renowned teaching institution such as Duke University," said Cmdr. Cary Schultz, NHCL clinical coordinator for the program. "We felt it would be best to start out small. The program continued to grow in popularity in 2011 resulting in a current enrollment of four students per month."

No two days of training are the same. Students begin their rotation in obstetrics to learn regional anesthesia and caring for the obstetric patient. Training in the main operating room and pain management clinic was added to the program.

"The program is awesome. It is the best clinical rotation of any of the sites I rotated through. The level of autonomy and types of cases far exceeded my expectations. The preceptors were very knowledgeable and shared their wealth of experience with us," said Mike Brown.

Brown, a native of Charlotte, N.C., will graduate in May 2012. He comes from a long line of nurses in his family. Brown's mother is a pediatric nurse, his sister is a trauma nurse practitioner and his brother is an emergency room nurse.

Team STEPPS - Stepping Out

By Lindy Eatherington
Patient Safety and Quality Management Department

Over 20 Naval Hospital Camp Lejeune staff members were trained as trainers for Team STEPPS at the John A. Lejeune Education Center on April 3 and 4.

What is Team STEPPS you say? Team STEPPS, developed by the Department of Defense (DoD) Patient Safety Program (PSP) stands for Strategies and Tools to Enhance Performance and Patient Safety. It is a framework which provides specific key words with definitions to improve communication and is rooted in more than 20 years of research.

Over the next year, Team STEPPS will "roll out" through NHCL. How will this help us and our patients? Team STEPPS is designed to help develop a shared mental model. A shared mental

model can be achieved when clear, concise information is shared with the team accurately.

We will adopt the use of brief, huddle, debrief, situation background assessment recommendation (SBAR), and checkback. These should be very familiar to us already. A brief is used at the beginning of the day or week to ensure everyone knows the game plan. A huddle is a short brief when something in the game plan changes, and the debrief allows us to look back at the day to determine what we did well and what can be improved. SBAR – provides you with a way to deliver information in a concise standardized format – without the "fluff." Checkback is closing the communication loop by repeating what you thought you heard and having that message clarified or validated as correct.

Easy!

Please call 450-3935 for additional information.